


REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL To Commissioner For Patents Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.	Applicant Number	09/875,403
	Filing Date	June 6, 2001
	First Named Inventor	Srinivas Gutta
	Group Art Unit	2617
	Examiner Name	Jade O. Laye
	Attorney Docket Number	US 010127

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This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

BEST AVAILABLE COPY

1. **Submission required under 37 C.F.R. § 1.114**a. ☒ Previously submittedi. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on November 21, 2005
Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☐ Other _____b. ☐ Enclosedi. ☐ Preliminary Amendmentii. ☐ Affidavit(s)/Declaration(s)iii. ☐ Information Disclosure Statement (IDS)iv. ☐ Other _____ (may not be a brief)2. **Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))b. ☐ Other _____3. **Fees**a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print Type)	Michael E. Marion	Registration No. (Attorney/Agent)	32,266
Signature		Date	1/16/06

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tel#: (571) 273-8300 on the date below:

Name (Print Type)	Edna Chapa	Date	1/17/06
Signature	